Trust Board Meeting: Wednesday, 13 March 2013

<table>
<thead>
<tr>
<th>Title</th>
<th>Consideration of Patient Stories</th>
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<tbody>
<tr>
<td>Status</td>
<td>For information and approval</td>
</tr>
<tr>
<td>History</td>
<td>A paper was presented to Trust Board in December and to Quality Committee in February. This paper outlines the discussions and asks for approval of the approach to be adopted</td>
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<tr>
<th>Board Lead(s)</th>
<th>Mrs Elaine Strachan-Hall, Chief Nurse</th>
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<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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Summary

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<tr>
<td>1</td>
<td>The use of patient stories in other Trusts has been discussed by Trust Board and Quality Committee</td>
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<td>2.</td>
<td>A patient story has been presented in advance of the meeting</td>
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<td>3</td>
<td>Board members are invited to discuss the story,</td>
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<td>to seek reassurance that learning from the story is being progressed</td>
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<td>to consider any triangulation with agenda items</td>
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<td>to consider the effectiveness of the patient story in setting the tone for the meeting and decision making</td>
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Introduction

1. This report is to bring together key messages arising from discussion about the use of patient stories at Trust Board.

The consideration of Patient Stories at Trust Board meetings:

2. The Quality Committee has received patient stories at all its meetings in order to inform members of the importance of patient experience. The Quality Committee has found the opportunity to hear patient stories to be very valuable, and the full Board has agreed in principle that patient stories should be brought to Board meetings.

3. During the Board discussions in December, three reasons were given for the use of patient stories:
   - To provide a focus on patient experience prior to decision making.
   - To triangulate patient experience with reported data and information.
   - To seek assurance that the organisation is learning from individual stories in order to benefit the wider patient audience.

4. Six options were presented as to how best to present patient stories to the Board:
   - Replicate the Quality Committee format at Trust Board.
   - Produce shorter, edited versions of specific patient stories for Trust Board.
   - Provision of written patient story to Trust Board meetings.
   - Add patient stories to Trust Board Seminars.
   - Private viewing of patient story followed by public discussion at Trust Board.
   - Invite specific patients to present to Trust Board.

5. The Board requested further detail on practice at other Trusts and further discussion at Quality Committee. Further detail from university hospital trusts around the UK was presented to the Quality Committee who discussed further and asked the Chairman and Chief Nurse to propose recommendations to the Board. The recommendations are as follows:
   - A library of patient stories is created for viewing by all Board members.
   - All Board members are provided with patient stories shown or discussed by the quality committee.
   - Divisional presentations at Board Seminars should include a short patient story
   - The private viewing/public discussion methodology be selected for the presentation of a patient story at the March Trust Board meeting and evaluated as part of the regular Board meeting evaluation.
   - When appropriate to a particular issue, the Chairman and CEO consider the option of an invitation to a specific patient to speak to the Board about their experience.

March Patient Story

6. For this meeting the patient story is an edited interview between a patient, the Matron and the Patient Experience Manager. The patient discusses her journey through
diagnosis, surgery and chemotherapy for breast cancer. The issues this raises for the Trust Board members are:

- the variation in approach to communication (NB the original diagnosis was made in 2005)
- the importance of monitoring surgical infection rates
- the individual nature of patient decision making
- prescribing guidance
- perception of staffing by patients

7. Matron has agreed to share the video clip with staff involved in our breast services and to make some local environmental changes to address some of the issues referred to in the clip.

Conclusion

8. The Board is invited to review and discuss this patient story and note that actions are being taken to address the specific issues that the story highlights.

Recommendations

9. It is recommended that a menu of available patient stories be created and a Non-Executive Director be asked to select an appropriate patient story for each future meeting of the Trust Board.

Elaine Strachan-Hall, Chief Nurse
March 2013